

# AFFIDAVIT REGARDING SHORELAND MITIGATION REQUIREMENTS ( BLACK INK ONLY)

This agreement is made by the owner(s) of and for the following described parcel of land in Oneida County, Wisconsin.	
Parcel Identification Number (PIN)	Affidavit date
Owner(s)	
I/We owner(s) having full ownership of the property described below, does hereby execute this document and is binding on current owners, heirs, assignees and transferees. (Provide complete legal description. Attach a second sheet if additional space is required.)	Return document to (name & address):
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I/We have obtained a Zoning Permit from the Oneida County Planning and Zoning Department on \_\_\_\_\_(date) and in accordance with Chapter 9, Article 9 – Shoreland Protection Provisions. I/We have agreed to:

**Provide documentation to show at least one of the following provisions are met:**

## ☐ MITIGATION REQUIREMENTS FOR PROPERTIES EXCEEDING THE IMPERVIOUS SURFACE REQUIREMENTS OF SECTION 9.94(F)(4)

Mitigation requirements for properties when development exceeds 15% of impervious surface but not more than 30% impervious surface shall be required to utilize one of the following treatment systems in order to offset the impacts of the impervious surface being permitted.

- |                             |                                       |
|-----------------------------|---------------------------------------|
| 1. Buffer strips            | 8. Rain gardens                       |
| 2. Constructed wetlands     | 9. Rain harvesting systems            |
| 3. Depressed pervious area  | 10. Vegetated filter strips           |
| 4. Extended detention ponds | 11. Vegetated swales/grassed channels |
| 5. Infiltration basins      | 12. Wet detention ponds               |
| 6. Infiltration trenches    | 13. Wet retention ponds               |
| 7. Infiltration tubes       |                                       |

## ☐ MITIGATION REQUIREMENTS FOR LATERAL EXPANSION OF NONCONFORMING PRINCIPAL STRUCTURES AND RELOCATION OF NONCONFORMING PRINCIPAL STRUCTURES

The property owner shall choose and implement two of the following to meet the mitigation requirements for lateral expansion within the setback and three of the following to meet the mitigation requirements for relocation of a nonconforming structure.

1. Removal of an accessory structure located less than 75 feet from the OHWM.
2. Installation of a rain garden.
3. Installation of one of the impervious surface treatment options under 9.96(E).
4. Removal of an existing beach.
5. Increase depth of 35 foot vegetative buffer to 50 feet (active or passive restoration).
6. Reduce view corridor width to 25% of the shoreline frontage.
7. Establish a buffer zone at least ten feet (10') wide extending along each side lot line for a depth of at least seventy five feet (75') from the ordinary high water mark. Buffers shall be planted or restored and maintained with vegetation native to the area to the fullest practicable extent possible.

8. POWTS. The associated private onsite wastewater treatment system must be evaluated and upgraded as appropriate in compliance with SPS 383, Wis. Administrative Code. (Note: If a septic system installed after July 1980 was evaluated within three years and maintenance is up to date a new evaluation will not be required. Septic systems installed prior to July 1980 are required to complete the Existing POWTS Evaluation/Maintenance Initiation Form.)
9. Establish a buffer zone at least 35 feet from and parallel to the ordinary high water mark. The buffer shall be planted or restored and maintained with vegetation native to the area to the fullest practicable extent possible.

**☐ MITIGATION REQUIREMENTS FOR OPEN SIDED AND SCREENED STRUCTURES SUCH AS GAZEBOS, DECKS, PATIOS AND SCREEN HOUSES IN THE SHORELAND SETBACK AREA THAT SATISFY THE REQUIREMENTS IN §59.692(1v), WIS. STATS.**

Shall preserve and/or establish a 37.5 foot vegetative buffer zone. A buffer zone at least 37.5 feet from and parallel to the ordinary high water mark shall be planted and restored and maintained with vegetation native to the area to the fullest practicable extent possible.

**Establish the above listed provisions by project completion or expiration of Zoning Permit, whichever occurs first. Zoning Permit expires \_\_\_\_\_ (date).**

I/We further acknowledge and agree to the following:

1. Provisions listed above are an exemption from the impervious surface standards exceeding 15% of impervious surface, lateral expansion of nonconforming principal structures and relocation of nonconforming principal structures, and open sided and screened structures such as gazebos, decks, patios and screen houses in the shoreland setback area that satisfy the requirements in §59.692(1v), Wis. Stats.
2. If I/we or any other subsequent owner of this parcel fail(s) to maintain the treatment system, treatment device, or internally drained area, the impervious surface is no longer exempt.
3. The documentation described above shall be filed with the Oneida County Planning and Zoning Department and any material deviation from said plan, without prior approval of the department, shall result in the rescinding of the Zoning Permit obtained through this agreement.
4. Upon sale of the property, I/We will inform the buyer that this agreement exists.
5. I/We have been informed that failure to comply with this agreement will result in enforcement action and penalties.
6. I/We understand that this document is entered into voluntarily as part of the Zoning Permit application.
7. I/We assume responsibility for the above said project. The undersigned hereby grants Oneida County permission to enter upon and inspect the property as needed.

\_\_\_\_\_  
(Owner's signature)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Owner's signature)

\_\_\_\_\_  
(Print name)

Subscribed and sworn to before me on this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_ the above named

\_\_\_\_\_  
Notary Public

My commission expires:\_\_\_\_\_